



bobv@datasync.com on 08/29/2000 02:40:30 PM

To: richard.balcomb@cibasc.com, Rtk Chem/DC/USEPA/US, ChemRTK HPV/DC/USEPA/US, NCIC  
OPPT/DC/USEPA/US

cc:

Subject: Comments on CAS#2082-79-3 HPV Submission

- 1) In general, too many calculated values with 2f reliability code. Suggests low credibility, and indicates more actual testing should be done, esp on "easy parameters" as MP.
- 2) BP (#2) is missing entirely with no explanation.
- 3) Are we to assume "logP" is logPow=13.4? State in results that this is suggestive of Bioaccumulation.
- 4) Photodegradation virtually impossible ( $VP \sim 10E-13$ ) without artificial conditions. Elaborate on this in Results.
- 6) Qualify that  $t_{1/2}$  for H<sub>2</sub>O stability has severe limitations under normal conditions since chemical is virtually insoluble in H<sub>2</sub>O ( $\sim 10E-08$  mg/L). If artificial conditions used, state what they are and run Controls.
- 7) Fug. Calc.--How can H<sub>2</sub>O conc. be 2.32% & air be 0.080% given H<sub>2</sub>O sol ( $\sim 10E-08$  mg/L) &  $VP \sim 10E-13$  mmHg?
- 8) Biodeg A--In view of these results & logPow=13.4, state that this chemical is Persistent & Bioaccumulative.

Biodeg B--Three deviations from OECD Guidelines:

1. 1.5L vs. 3.0L
2. Treatment of CO<sub>2</sub> offgas
3. Use of an emulsifier

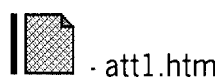
Make reliability code of 1 too high.

Need to run a control to account for any biodeg. of emulsifier

- 9) Acute Aquatic Tox-Fish & Plants--how get  $\sim 10E+02$  mg/L when sol  $\sim 10E-08$ ? If used artificial conditions (emulsifier, etc.), then need controls.
  - 10) Why is Part. Coeff. for CAS#6683-19-8 in here?
  - 11) Acute Dermal Tox--why is there no Control Group?
  - 12) Acute Inhal Tox--if no adverse tox or mortality observed, why say  $LC50 > 1811$  mg/m<sup>3</sup> instead of  $NOEC > 1811$ ?
  - 13) Acute Oral Tox--need Control Group
  - 14) Mutation Assay B--in Results address significance of Control Group
  - 15) Mutation Assay C--"Spontaneous" effect--state & reference frequency observed in historical control groups. May affect credibility of absolute statement "nonmutagenic"
  - 16) Repeat Dose Tox--LOAEL=100 mg/kg bw/day & that adverse effects pertain to Liver
  - 17) Repro Tox--state NOAEL=5000 ppm based on description of results. How conclude 5000 ppm FO & F1 not treatment related?
  - 18) Develop Tox A--how NOAEL of 150 mg/kg bw when dose related decrease in food cons noted? Need specifics on Preg & Litter data taken.
- "Foetal data @ higher doses do not support conclusions.  
B--need more info on Preg/Litter data taken.

Respectfully submitted,  
Robert P. Vignes, Ph.D.  
Vignes EHS Consulting  
bobv@datasync.com

2000 AUG 30 AM 7:09  
RECEIVED  
OPPT NCIC



- att1.htm